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Notice of Independent Medical Review Decision

Reviewer's Report

DATE OF REVIEW: November 25, 2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Excision of heterotopic ossification of left calcaneus.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

M.D., Board Certified in Orthopedic Surgery.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☐ Upheld (Agree)
☒ **Overturned** (Disagree)
☐ Partially Overturned (Agree in part/Disagree in part)

I have determined that the requested excision of heterotopic ossification of left calcaneus is medically necessary for the treatment of the patient's medical condition.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who reported an injury on XX/XX/XX. The patient was reportedly struck by a moving cart on her ankle. She subsequently underwent left ankle arthroscopic talar osteochondral defect debridement and microfracture and debridement of the distal tibia on 9/27/13. Additionally, she underwent left talus arthroscopic assisted open reduction and internal fixation fracture repair on 12/17/14. According to the x-rays of the left tibia and fibula on 2/16/15, the patient has soft tissue swelling of the left calf. Her tibia and fibula were of normal appearance with plantar bone spurring in the left calcaneus identified. There was also evidence of calcific Achilles tendinitis. On 2/17/15, magnetic resonance imaging (MRI) of the left ankle noted suspicious osteomyelitis involving the talus. An additional set of x-rays were performed on the left ankle on 7/29/15, which identified soft tissue fullness in the left ankle likely related to large body habitus. However, there was no fracture or bony malalignment seen in the left ankle in the interval. Further findings indicated bony structures comprising the left ankle remained intact, although there was moderate size articular spur formations seen, especially in the distal left tibia and fibula and at the posterior and plantar aspects of the calcaneus. A review of the MRI dated 2/17/15, a handwritten note, indicated that the impression from the MRI was incorrect. A request has been submitted for excision of heterotopic ossification of left calcaneus. The URA has denied coverage for the requested services. The URA's initial denied noted that the submitted documentation does not contain any information on the patient's symptoms. On

appeal, the URA noted that the records provided do not elaborate the extent of the heterotopic ossification.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

The patient did not meet the Official Disability Guidelines (ODG) criteria for surgery for calcaneal fractures as indicated by the determination letter. However, as the request is not for a surgery for calcaneal fractures but rather for excision of heterotopic ossification of the left calcaneus, the peer-reviewed literature has been referred to in this case. Surgical indications for excision of heterotopic ossification include improvement of function, standing posture, sitting or ambulation, independent dressing, feeding and hygiene, and repeated pressure sores from underlying bone mass. In the case of this patient, with her known diagnosis of moderate sized articular spur formation identified on multiple imaging studies, the requested service is medically appropriate. Therefore, after review of the clinical documentation and in reference to appropriate medical guidelines and peer-reviewed literature, the requested excision of heterotopic ossification of left calcaneus is medically indicated for the treatment of this patient. Therefore, I have determined the requested excision of heterotopic ossification of left calcaneus is medically necessary for treatment of the patient's medical condition.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- ☐ AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ☐ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- ☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- ☐ INTERQUAL CRITERIA
- ☐ MEDICAL JUDGMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- ☐ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TEXAS TACADA GUIDELINES
- ☐ TMF SCREENING CRITERIA MANUAL
- ☒ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
 1. Mavrogenis, A., et al. Heterotopic ossification revisited. *Orthopedics*, 2011 Mar 11;34(3):177.
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)